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**CONFIRMATION NO. 2970**

<b>SERIAL NUMBER</b> 10/777,766	<b>FILING OR 371(c) DATE</b> 02/13/2004  <b>RULE</b>	<b>CLASS</b> 385	<b>GROUP ART UNIT</b> 2883	<b>ATTORNEY DOCKET NO.</b> 033035M140						
<b>APPLICANTS</b> Toshio Mizue, Yokohama-shi, JAPAN; Manabu Ishikawa, Yokohama-shi, JAPAN;										
<b>** CONTINUING DATA *****</b> <div style="text-align: center; font-family: cursive;">NONE CME</div>										
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center; font-family: cursive;">NONE CME</div>										
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/08/2004</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;">           Foreign Priority claimed    <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met    <input type="checkbox"/> yes <input checked="" type="checkbox"/> no    <input type="checkbox"/> Met after Allowance            Verified and Acknowledged    <i>M. S. Ishikawa</i>  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Signature</span> <span>Initials</span> </div> </td> <td style="width: 15%; padding: 5px; text-align: center;"> <b>STATE OR COUNTRY</b>            JAPAN         </td> <td style="width: 15%; padding: 5px; text-align: center;"> <b>SHEETS DRAWING</b>            8         </td> <td style="width: 15%; padding: 5px; text-align: center;"> <b>TOTAL CLAIMS</b>            17         </td> <td style="width: 10%; padding: 5px; text-align: center;"> <b>INDEPENDENT CLAIMS</b>            2         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>M. S. Ishikawa</i> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Signature</span> <span>Initials</span> </div>	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 2	
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<b>ADDRESS</b> 441										
<b>TITLE</b> Optical transceiver having an optical receptacle optionally fixed to a frame										
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>			<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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